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BIBDATASHEET

CONFIRMATION NO. 1539

Bib Data Sheet

SERIAL NUMBER 09/439,343	FILING DATE 11/15/1999 RULE	CLASS 705	GROUP ART UNIT 2175	ATTORNEY DOCKET NO. RAMIX-002US
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APPLICANTS

ANDREW L. DIRIENZO, ELIZAVILLE, NY;

** CONTINUING DATA *****

This application is a CON of 08/854,474 05/12/1997 PAT 6,006,191
which claims benefit of 60/017,316 05/13/1996

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 12/20/1999

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 7	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature	Initials	

ADDRESS

WESTERLUND & POWELL, P.C.
100 DAINGERFIELD RD.
SUITE 100
ALEXANDRIA, VA
22314-2886

TITLE

REMOTE ACCESS MEDICAL IMAGE EXCHANGE SYSTEM AND METHODS OF OPERATION THEREFOR

FILING FEE RECEIVED 2041	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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#7



Bib Data Sheet

CONFIRMATION NO. 1539

SERIAL NUMBER 09/439,343	FILING DATE 11/15/1999 RULE	CLASS XXX	GROUP ART UNIT 2899	ATTORNEY DOCKET NO. RAMIX-002US
APPLICANTS ANDREW L. DIRIENZO, ELIZAVILLE, NY;				
** CONTINUING DATA ***** THIS APPLICATION IS A CON OF 08/854,474 05/12/1997 PAT 6,006,191 WHICH CLAIMS BENEFIT OF 60/017,316 05/13/1996				
** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 12/20/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY NY	SHEETS DRAWING 7	TOTAL CLAIMS 8
		INDEPENDENT CLAIMS 2		
ADDRESS RAYMOND H J POWELL JR P O BOX 30269 ALEXANDRIA, VA 223100269 <i>Westerlund & Powell, P.C. 100 Daingerfield Rd. Suite 100 Alexandria VA 22314-2886</i>				
TITLE REMOTE ACCESS MEDICAL IMAGE EXCHANGE SYSTEM AND METHODS OF OPERATION THEREFOR				
FILING FEE RECEIVED 1798	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	